

OSCAR REPORT 3  
HISTORY FACILITY PROFILE

OGDEN REG MEDICAL CENTER TCU PROVIDER #: 465141 FACILITY BEDS TYPE ACTION: RECERTIFICATION  
5475 SOUTH 500 EAST PHONE NUMBER: (801) 479-2100 TOTAL: 12  
OGDEN UT 84405 PARTICIPATION DATE: 12/14/1994 CERTIFIED: 12 TYPE OWNERSHIP: FOR PROFIT - CORPORATION  
STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION

RESIDENT CENSUS ON 04/29/2003	LTC ADMISSION/SUSPENSION DATES	TOTAL CERTIFIED BEDS: 12			
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TOTAL: 5	ADMISSION SUSPENDED:	18	18/19	19	ICF/MR
MEDICARE: 4	SUSPENSION RESCINDED:	--	----	--	-----
MEDICAID: 0		12			
OTHER: 1					

CURRENT SURVEY REVISIT DATES - NONE

PRIOR 3	S/S	PRIOR 2	S/S	PRIOR 1	S/S	CURRENT	S/S	PLAN/DATE	
SURVEY	CODE	SURVEY	CODE	SURVEY	CODE	SURVEY	CODE	OF CORRECT	PROGRAM REQUIREMENTS
10/2000		06/2001		06/2002		04/29/2003			

\*\*\* NO DEFICIENCIES WERE FOUND \*\*\*

EDITION OF LSC APPLIED

85 NEW	85 NEW	85 NEW	85 NEW		
PRIOR 3	PRIOR 2	PRIOR 1	CURRENT	PLAN/DATE	
SURVEY	SURVEY	SURVEY	SURVEY	OF CORRECTION	LSC DEFICIENCIES - BLDG NO. 01
10/2000	06/2001	06/2002	05/07/2003		
	X	X	X C	05/30/2003	K0018-CORRIDOR DOORS
		X	X N		K0056-AUTOMATIC SPRINKLER SYSTEM

C=DATE OF CORRECTION N=NO DATE GIVEN P=PLAN OF CORRECTION R=REFUSED TO CORRECT W=WAIVED F=FSES X=DEFICIENT  
COP = CONDITION REQ = REQUIREMENT

TYPE OF	CURRENT	PRIOR 1	PRIOR 2	PRIOR 3
DEFICIENCY	SURVEY	SURVEY	SURVEY	SURVEY
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CONDITION	0	0	0	0
REQUIREMENT	0	0	0	0
HEALTH TOTAL	0	0	0	0
LIFE SAFETY CODE	2	2	1	0
LIFE SAFETY CODE + HEALTH	2	2	1	0

COMPLAINT SURVEY INFORMATION

SURVEY DATE	STATUS
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01/05/2000	UNSUBSTANTIATED

FMS SURVEY INFORMATION

\* NO FMS SURVEYS FOR THIS FACILITY